CLINICAL OBSERVATIONS

ON

A Case of Cephalic Chancroidal Ulceration, resulting from accidental Auto-Inoculation.

BY

R. W. TAYLOR, M.D.,

SURGEON TO THE NEW YORK DISPENSARY, DEPARTMENT OF VENEREAL AND SKIN DISEASES.

REPRINTED FROM

Dr. Brown-Sequard's Archives of Scientific and Practical Medicine.

No. 5, 1873.

NEW YORK:

G. P. PUTNAM'S SONS,

TWENTY-THIRD ST. AND FOURTH AVE.

1873.

II.

CLINICAL OBSERVATIONS ON

A CASE OF CEPHALIC CHANCROIDAL ULCERATION RESULTING FROM ACCIDENTAL AUTO-INOCULATION.

BY

R. W. TAYLOR, M.D.,

SURGEON TO THE NEW YORK DISPENSARY, DEPARTMENT OF VENEREAL AND SKIN DISEASES.

THE recent publication, by M. Diday, of a case of cephalic chancroid has suggested to me the propriety of publishing the notes of a case which occurred in my service at the New York Dispensary several years ago. In doing so, I wish to add one more clinical case to the few authentic ones now reported, and also to call attention to the bearing of the case upon a theory which is entertained regarding this variety of extra-genital chancroid. It is, I suppose, to-day a quite well-known fact, that the existence of cephalic chancroids was formerly denied, but that the evidence, chiefly of experimental inoculations and that of a few undoubted cases in clinical practice of the occurrence of chancroidal ulcers on this site, proved conclusively that such a view was false and untenable. The theory, then, of an absolute immunity of the cephalic region, of course, had to be discarded, yet in consequence of the smallness in number of undoubted cephalic chancroids in clinical practice, and of the fact that auto-inoculations on that region were not attended with such positive results as when practised elsewhere, the theory of a partial immunity was propounded to explain these facts. This theory is now entertained by several authorities, and I think that there is an impression in the minds of most medical men that there is more or less of truth in it.

Not only is my case of clinical interest, in the facts of its rarity and of its calling attention again to the existence of a virulent ulcer on an important region, but also in the evidence which it carries with it against this theory of the partial immunity of the tissues of the head to the action of the chancroidal virus. While the results of chancroidal inoculations about the head have been very numerous, the number of undoubtedly reliable reported clinical cases is limited

to four. As corollaries to my case, I have thought it interesting to give the chief points of these four reliable cases, as from a perusal of the five a tolerably fair estimate can be formed of the present state of this once disputed point in syphilology.

William Meehan, age 35, Irish, laborer, came to the New York Dispensary, January 7th, 1870, desiring to be treated for chancres. Upon examination I found that patient had an unusually long prepuce, which was much contracted at its end. Around its margin I saw five small chancroidal sores, and from between the prepuce and glans a copious rusty-colored pus escaped. The glans penis appeared somewhat reddened, but the man did not experience pain in urinating. From his statement I learned that he had always had difficulty in retracting the foreskin, and that he sometimes experienced a smarting sensation about the head of the penis. The contagion began, as nearly as I could ascertain, two weeks previously, the patient having been with a woman a few days before. His attention was called to an unusual condition of the penis, by a discharge, and this prompted his examination of the glans, which revealed the fact to him that he had a chancre. In a day or two after the small chancroids on the free margin of the prepuce appeared, and he then sought my advice. I endeavored to retract the foreskin, in order to make suitable application to the hidden ulcer, but the pain produced in the visible chancroids, and the fear of tearing the parts, as they were somewhat œdematous, suggested to me the propriety of using subpreputial injections and a slightly stimulating wash to the extra-preputial chancroids. I ordered for the patient a solution of carbolic acid, having provided him with a syringe, and having shown him how to use it. I felt somewhat doubtful as to whether my directions would be carried out, as the patient was a careless and uncleanly person.

January 10.—Ulcers on margin have not increased materially. Slightly less œdema of prepuce and less pus escaping. Unable to uncover glans.

January 12.—Similar condition. To-day increased strength of injection from ʒ i. carbolic acid to ʒ viij. to ʒ iss. of acid. Same lotion to be applied on a little pledget of lint in the preputial orifice as before.

January 14.—Somewhat improved.

January 19.—Returns after an absence of five days, with evidences of no material improvement. I noticed to-day an unusual state of affairs over his left eye. Directly over the outer margin of the left supra-orbital ridge, upon which the eyebrows are not developed, and running up to the median line along the ridge, and in this position among the eyebrows, I noticed a thick greenish-brown crust, which was about half an inch in width and an inch and a half in length. In direct continuity with this thick crust, and extending nearly to the median line, was quite a number of smaller and thinner crusts which were somewhat lighter in appearance. Around the large crust, the integument was very red for the space of half an inch, and around the smaller crusts was a similar red areola. There was no escape of pus from beneath any of the crusts. The left eye was entirely closed in consequence of the very extensive and active œdema of the upper lid. When I elevated this lid, I saw on its conjunctival surface shreds of a thin fibrinous membrane which resembled somewhat the croupal or diphtheritic membranes observed in this situation. The palpebral conjunctiva was intensely red and thickened; the ocular membrane was not so much inflamed. There was not to be observed any very copious secretion from the eye, and I thought it was serous in its character rather than purulent. From the intensity of the morbid processes, I was con

vinced that it was more than an ordinary inflammation. Upon questioning the man, I learned that on the 15th of January, while ascending a ladder, carrying a hod on his shoulder, he had stumbled and struck his forehead very violently against one of the higher rungs. The wound had bled quite freely at first and received no other attention than the application of a handkerchief bound around the head. He noticed that on the next day he experienced a smarting sensation in it and that his eyelid swelled. The swelling continued until it closed the eye, and the smarting sensation became worse. Such were the appearances observed and facts elicited on the fourth day after the accident.

As I knew the man's uncleanly habits, and that there was a copious discharge from his chancroids, I felt certain that the unusually active condition of the ulceration of the wound on the brow was due to the fact of his having inoculated it with chancroidal pus. By means of applications of water I was enabled to remove the crusts, detaching those on the hairy part of the brow by cutting the hairs which held them. This being accomplished, I saw an ulcerated surface, presenting typical chancroidal appearances, and covered with a quantity of pus. The undermining of the edges was very noticeable. The ulceration at the outer angle of the ridge was of a depth of fully half an inch, and it became more shallow as it reached the median line, towards which, on the spots which had been mere abrasions of the epidermis, the ulcerations were superficial yet characteristic. There were evidences of rapid destruction of tissue, particularly in that portion in which the wound had extended through the whole thickness of the skin nearly to the bone. In order that I might verify my suspicions, I made an inoculation with a lancet charged with some of the pus of the ulcer, on a spot on the abdomen on a line with and three inches to the right of the umbilicus, which I covered over with a pad of lint three inches in each diameter, and strapped on with strips of adhesive plaster. I took this precaution for fear my puncture would perchance be inoculated by the pus from the penis. This inoculation being made, I very thoroughly absorbed all pus from the surface of the ulcerated wound, and then, in an equally thorough manner, I cauterized the whole surface with fuming nitric acid. After the eschar was, to my mind, thoroughly made, I filled in the deeper ulcer, and covered the superficial one with finely-picked lint, saturated in a solution of carbolic acid, eight grains to the ounce; and over that, so as to cover the whole eye, I placed a pad of lint, saturated with cold water, which I ordered to be immersed in the same fluid, and applied very frequently. I would say that I had previously well irrigated the eye with a solution containing sulphate of zinc one grain, sulphate morphine half a grain to the ounce of water. This having been done, I ordered the man to call at my office on the following day.

January 20.—Perhaps less swelling of the lid, certainly less uneasiness. Dressing removed, showing an eschared surface. No pus. Less injection of conjunctiva. Some of the shreds of membrane have come away. Repetition of dressings and applications.

Jan. 21 and 22.—Same condition; same dressing.

Jan. 23.—Pad of lint removed from the inoculation. There is a well-marked pustule half a line in height, one line and a half in area, surrounded with an inflammatory areola. A sensation of itching is experienced. Pustule ruptured with a bistoury, and an undermined ulcer is seen. Very carefully cauterized with fuming nitric acid, after which same dressing applied as is used for the brow.

Jan. 24.—Eschar above the eye sloughed off, leaving healthy ulcerating surface. The injection and thickening of conjunctiva have nearly passed away. Œdema has

so much subsided that patient can see a little with left eye. Ulcer dressed with same solution.

Feb. 3.—Ulcer on eye healing, the one on abdomen also. To-day was shown to the class of the College of Physicians and Surgeons. The chancroids on penis are *in statu quo*, owing to neglect of the patient.

Feb. 9.—Both of the ulcers are nearly healed; patient has been able to see with left eye for about a fortnight.

Feb. 23.—Ulcers healed. Chancroidal phymosis greatly improved.

March 3.—Patient has attended quite regularly since, and to-day chancroids upon penis are entirely healed, but owing to œdema, which remains, the glans is exposed with difficulty. The site of the ulcer on the brow is now covered by a slightly red cicatrix, having no induration whatever; the ganglia and glands about the head are not, nor have they been at any time, enlarged. On the abdomen a very small red spot has been left by the auto-inoculation.

I took occasion to see this man a month later, and no syphilitic manifestations had shown themselves, though, of course, they were not to be expected. Upon inquiring into his history I found that he never had had syphilis.

Diday's* case, which is the second he has reported, his first being doubtful, was that of a young girl, aged fifteen and a half years, who was brought to him by her mother on the eleventh of April, 1872. The girl, whose hymen was intact, had on the right labium majus a number of chancroidal ulcers and also complained of ulcers in her mouth. On examination Diday found one ulcer on the inner aspect of the lower lip and the other on the mucous membrane of the left anterior pillar of the fauces, both of which he felt positive were chancroids. In order to render the diagnosis positive he sought the opinion of M. Rollet, who concurred with him fully. Information as to the origin of the ulcers could not be obtained, and auto-inoculation produced negative results. In spite of this both observers feel confident of the correctness of their diagnosis.

Puche's† case is regarded by Fournier as nearly unassailable. A man aged twenty-eight years was admitted into the Hôpital du Midi, service of M. Puche, November 17, 1861. Upon the integument of his lower lip, towards the median line, was a circular ulcer, presenting all the appearances of a chancroid. It had then existed thirty-four days, having appeared eight days after an unnatural intercourse. A few days afterwards a slight submaxillary adenitis was noticed. On the 18th an inoculation was made by M. Puche on the abdomen with some of the pus of the ulcer, during which operation the finger of the patient was pricked by the lancet in the act of pulling away the hand of the operator. In a few days similar ulcers to that on the lip were developed on the punctured points. The ulcer on the lip healed in December and left no induration, and though seen nearly three months after the commencement of the lesion on the lip, no constitutional manifestations of syphilis were to be seen on the man's body.

The third case is that of Rofeta;‡ it was a serpiginous chancroid on the face from which the observer inoculated the patient successfully in five places. Syphilis did not follow.

---

* Observation de chancrelle de la bouche. Annales de Dermatologie et de Syphiligraphie. No. 2, 1873.

† Art. Chancre Simple, par A. Fournier. Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Tome Septième, page 67. Paris, 1867.

‡ Gazette Méd. de Lyon, June 9, 1867. Quoted by Bumstead.

* Labarthe's case is that of a man aged twenty-nine, having three chancroids, which had appeared four days after coitus: one which had destroyed a part of the frænum, and two others in the furrow behind the glans and near the frænum. He also had a virulent adenitis of the right side, which, on the day he applied for treatment, was ready for incision. This operation was performed by Labarthe, who inserted into the cavity of the abscess a tampon of charpie, over which he placed a compress, and he fastened the whole on with a bandage, which he pinned on directly over the compress. On the fourth day after this his patient complained of a sore on his lower lip, which was situated longitudinally, and which had sharply-cut, slightly undermined edges, and a grayish floor which secreted pus. Suspecting the nature of the sore, Labarthe questioned the man as to whether he had touched his lip with his fingers after having touched his chancres. The patient answered in the negative, but on reflection he remembered that he had, when removing the dressings from his bubo, put the pin which held the compress in his mouth, but he hardly thought that that could have caused his sore. He consented to an auto-inoculation, which was followed by a positive result. The ulcer on the lip was not treated during a period of four days, and the author says that it increased in size.

It will be seen that we have here four instances in which chancroidal pus has developed its peculiar ulcers upon the cephalic region. The mode of contagion differs however in the various cases. Thus in Diday's case the circumstances are such as to leave us to infer that the ulcers were the direct result of an unnatural intercourse; the fact that the hymen was intact, is, I think, in support of this view. In Puche's case there is no doubt whatever of such an origin, as the patient admitted the fact. In my case the chancroidal ulcer was developed upon a wound by inoculation by the fingers soiled with the pus of the chancres. In this respect it is unique with the exception of Labarthe's case, as occurring on this region, but we have recorded cases of other extra-genital chancres due to similar auto-inoculations.

The clinical history of my case presents strong evidence of the fact that the ulcer resulting from the inoculation was of an actively destructive character. Thus after an existence of four days I find it showing decided tendency to rapid destruction, as judged of by the quantities of pus produced and of the markedly undermined condition of the edges of the ulcer, and of the intense congestion of the areola which surrounded it. Then, again, the fact that the eyelid and conjunctiva were so intensely inflamed, they both being involved by continuity of tissue and blood-supply rather than by the essential chancroidal process, clearly goes to show that the neighboring inflammation was very intense. The production of shreds of false

*_Le chancre simple chez l'Homme et chez la Femme._ Par M. le Docteur Paul Labarthe. Pages 61, 62, 63. Paris, 1873. This book has been published within a few weeks, consequently the case appears here for the first time in the English language.

membrane and a serous discharge from the conjunctivæ prove that the process was dissimilar from that of the ulcer, and suggest the opinion that the inflammatory action was attended by the effusion of fibrine and by cell proliferation rather than by molecular destruction.

The details of this case, then, very conclusively prove that there was no immunity whatever in the integument of the head of this patient to the action of chancroidal pus, but that on the contrary it was involved in a destructive action fully as acute and severe as when any other similarly thick integument is involved. The occurrence of the copious œdema of the eyelid would not of itself prove such activity of ulceration, as the connective tissue there is so lax that large effusions readily occur. Observers who have made a large number of inoculations with chancroidal matter state that the ulcers have not been as large and active about the head as upon some other regions, and therefore they entertained the theory of the partial immunity of the tissues. But I am inclined to think they did not operate about the head as boldly as they did elsewhere, and that their punctures were not as deep and, perhaps, not as numerous as when practised on less important sites. The conclusion to be drawn from the facts observed in my case is, I think, that the size and depth of the wound have a material influence on the intensity of the destructive action, and is, of course, adverse to the theory that in the integument of the head there is a partial immunity to chancroidal ulceration. The records of Labarthe's case show that the ulcerative tendency was observed in it, but the author does not bring out the bearings of the case upon this point.

The general question of the greater or less immunity or liability of the integument to inflammation and ulcerative action is one so broad in its field, requiring as it does a consideration of local tissue tendency, of constitutional condition, and of various modifying influences, that want of space forbids me to do anything but merely allude to it now.

In this connection I have thought it worth while to append succinct notes of the various other cases which have, and are now by some regarded, or at least referred to, as genuine ones, of cephalic chancroid, all of which are, to say the least, doubtful. By doing this, I place before the reader the essential points and facts of this clinical rarity.

Cases of MM. Boys de Loury et Costilhes (Recherches faites à Saint Lazare, *Gazette Médicale*, Paris, 1845), first, that of a woman having *chancres* on the genitals, and at the same time an irritation of the integument of the inner angle of the eye, resulting from conjunctivitis and epiphora. Owing to carelessness she is said to have inoculated this surface from the genital chancres in scratching, producing a chancre which was *indurated* (!).

Case second.—A woman having otorrhœa and slight excoriation of the meatus, inoculates this surface from chancres on the genitals (quoted by Clerc, *Traité pratique des mal. vén.* Paris, 1866).

Ricord's case (*Traité complet des maladies vénériennes; Clinique iconographique*, page 91, plate 21: Paris, 1862) is that of a young man having a supposed chancroid at the base of an incisor tooth of the upper gum, which he thought he contracted in sexual contact. Though at first regarded as authentic by Ricord, he later on considered the case doubtful, from the fact that he did not see the woman, the supposed source of contagion, nor had he verified his suspicions by auto-inoculation.

Venot's case was that of a person sent by the author to Ricord in Paris, having what was supposed to be a phagedenic soft chancre of the lip. At first regarded as a cephalic chancroid, it was later on pronounced by Ricord to be a form of lupus. Auto-inoculation was not practised. (*Leçons sur le chancre*, p. 16. Paris, 1860.)

Bassereau's case is incorrectly referred to as one of venereal chancroidal contagion upon the lip, but the truth is that the cases were six in number, and were successful inoculations upon the lips made by the author with the pus of soft chancres. (Buzenet: *Du chancre de la bouche, Thèse de Paris*, page 41–5; Paris, 1858.)

The details of Devergie's case were inaccessible to me, but it was pronounced to be unreliable.

Diday's first case was communicated in a letter to M. Fournier in 1856 (*Étude sur le chancre céphalique.* Paris, 1858). It was that of a young woman who had an ulceration of the lower lip, which presented the appearances and had the duration of an initial lesion. It lasted a month, was not indurated, did not cause an adenitis, nor was it followed by syphilitic manifestations. No information could be obtained as to its origin, nor was auto-inoculation practised.

Rollet refers to a case observed by Clerc, which, to my mind, is very unsatisfactory. A young woman consulted the latter for an affection of the heart. During the examination he noticed a cicatrix on her lower lip, which, she said, had followed an ulcer of two months' duration, which had not induced any adenitis, nor had it been followed by syphilis. During the existence of the ulcer, M. Demarquay regarded it as a chancre.

It is claimed by Rollet, Belhomme and Martin, and by Laroyenne, that Ricord's statistics of inoculations (*Traité des maladies vénériennes*, p. 525–526, Paris, 1838) go to prove that he himself must have met clinical cases of cephalic chancroid occurring on the lips and throat of men and women, for the reason that inoculations with the pus of these ulcers produced positive results ten times. There is a degree of probability in this statement, but as Ricord himself was not then familiar with the differentiation of the two kinds of chancres, and did not include the necessary details of the cases, they are of no clinical value now.

The details of the inoculations made by M. Puche, and, under his authority, by M. Nadau des Islets, are given in full in the thesis of the latter (*De l'inoculation du chancre mou à la region céphalique. Thèse de Paris*, 1858). Finally, Professor Hübbenet, of Kieff (Rollet's *Traité des maladies vénériennes*, page 87, Paris, 1865), publishes a case of chancroidal inoculation of the cheek which was successful, and was followed by a typical chancroidal bubo in the parotid region. I believe that complication has not been observed in any other case.

Labarthe (op. cit.) quotes an observation made by M. Millet (*Étude statistique sur les maladies vénériennes. Thèse de Paris*, 1866), as being authentic, which, however, lacks in its details some of the essentials of an undoubted case. It was that of a man, aged 38, whose medical history is not given, who was ill with a cold from the 13th to the 29th July, 1865. During this time he was confined to the house, and had no connection and had not seen a woman other than his mistress.

On the latter date he experienced a smarting sensation in his lower lip. On the 1st of August he applied at the Hôpital du Midi, and it was found that he had an ulcer having the appearances of a chancroid on the inner aspect of the lip, and a few similar small ones on the cutaneous surface. There was an enlarged submaxiilary gland. The gums were healthy, except at the base of the teeth they were covered with a yellow coating. His teeth were discolored by smoking. He stated that his last sexual intercourse was on the 10th of July, which would be twenty days before. An inoculation was made on the abdomen, which resulted in a pustule of the size of a pea, which withered without treatment, as there is no record of any. The ulcer on the lip was cured by acidulated mouth-washes. The woman was not seen, but the man stated that she was healthy.

The criticism on the above is as follows :—There is no evidence whatever of a chancroid being the agent of contagion, as the woman was not examined, and the course of the ulcer, which was quite large, was readily influenced by mild measures, which would hardly have been the case had it been chancroidal, particularly as this part is so vascular. The incubation of the sore would not have been twenty days, a fact which excludes a chancroid. Then again, though a pustule was formed by inoculation, according to the reporter's statement no treatment was adopted, yet it withered, which would hardly have been the case had it been a chancroidal inoculation. It might be urged that it was an abortive chancroidal inoculation ; if so, it is then wholly inconclusive, and should have been repeated. But the most vulnerable part of the case is the absence of the man's previous history. The fact is well known that, in syphilitic persons, early in their disease, the integument is very prone to ulceration when inoculated with almost any variety of pus, whether produced upon the patient or derived from another. Could not this case, then, be explained as follows :—A syphilitic man has a group of herpetic vesicles on the inner and outer aspect of the lip, which become ruptured ; he smokes freely, and irritates these ; they secrete pus ; this pus is inoculated on him, and owing to the tendency of his skin to ulceration an ephemeral pustule is produced, the whole leading the experimenter to believe he has been dealing with a true chancroid. If this is not the truth of this case, pathological and clinical facts are in favor of such a probability ; consequently the suggestion, which I believe is new, may prevent errors in conclusions in the future. I have several times been struck with the resemblance in appearance presented between ruptured herpetic vesicles on the lips, which have been irritated from any cause, and small chancroids early in their course. This fact I have also observed upon the penis. In deciding, then, upon any suspicious ulcerations on the mucous membranes of the mouth, I think it is well to bear in mind the possibilities of it being an herpetic vesicle which has been modified in appearance.

ARCHIVES

OF

Scientific and Practical Medicine.

This Journal, edited by Dr. BROWN-SEQUARD, with the assistance of Dr. E. C. SEGUIN, and of several New York, Boston, Philadelphia, and Cincinnati Physicians and Surgeons—will appear on the 15th of every month, in numbers of about one hundred pages, similar to the first one.

This periodical will chiefly contain original papers on subjects belonging to every branch of the medical sciences. It will also contain: 1. An *Exposé* of the State of our Knowledge on some great Medical Question; 2. Translations of Short Foreign Papers; 3. Report on the Results of Experimental Researches made in Dr. BROWN-SEQUARD'S Laboratory by himself, or by his pupils; 4. Short Clinical Reports; 5. Reviews and Bibliographical Notices; 6. Reports on the Progress of Medicine, Surgery, and Obstetrics; 7. Miscellany.

Most of the numbers will contain illustrations or plates.

Books for review, and exchanges, should be addressed to Dr. C. E. BROWN-SEQUARD, No. 18 East 29th St., New York City. Communications intended for publication in the Journal must be addressed to Dr. E. C. SEGUIN, Sub Editor, No. 17 East 21st Street, New York City.

Subscriptions received by Messrs. G. P. Putnam's Sons, Association Building, Fourth Avenue and 23d Street, New York City.

The annual subscription price will be Four Dollars, to be paid in full, in advance. It is designed soon to confine the circulation to yearly subscribers only; the first numbers, however, will be sold separately at fifty cents a copy.

Papers by the Editor, on the following subjects, will appear in rapid succession:

On Asphyxia, Syncope, and Collapse.
Ear Affections, and their Relations with Brain Disease.
Mechanism of Production of Symptoms in Diseases of the Brain.
Morbid Influences of the Nervous System on Organic Functions.
Physiological and Pathological Proofs of Attraction of Blood by Tissues.
Amaurosis and Deafness in Diseases of the Brain.
Rational Treatment of Poisoning by Organic Substances.
On the Various Kinds of Hemiplegia.
On Counter-Irritation: Its Importance and Rational Use.
Physiology and Pathology of Epileptiform Affections.
On Pneumonia and other Lung Affections in Diseases of the Brain.
On Reflex Paralysis and other Affections produced by a Reflex Influence.
Analogies and Differences between several Remedies (Belladonna, Digitalis, the Ergot of Rye, and the various Bromides).
Artificial Epilepsy in Animals, and what it Teaches for the Treatment of Epilepsy in Man.
On Transfusion of Blood: New Methods and Proper Conditions for its Use.
On Differences between Americans and Europeans, as regards Diseases and Power of Resisting Injuries.